PASSPORT To Health

Provider Newsletter

July-September 2002

Keeping Providers In-

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Keeping Providers Informed
1-800-480-6823

24-Hour Coverage Policy change for PASSPORT

The Department of Public Health and Human Services has recently changed the 24-Hour Coverage Policy for PASSPORT providers. ER Waivers will soon be something of the past, and will no longer be allowed. All providers that currently have an ER Waiver with an emergency room facility will soon be asked to find other methods of 24-hour coverage and to get a new PASSPORT number.

Following guidelines from the Center for Medicare and Medicaid Services (CMS), PASSPORT providers are now required to provide, or arrange suitable coverage for, needed services, consultations, and approval of referrals *during normal office hours*. This includes coverage during vacations and illnesses. PASSPORT providers must also provide or arrange for qualified medical personnel to be accessible 24-hours each day, seven days a week, to provide direction to patients *in need of emergency care*. PASSPORT providers will still be required to have a 24-hour phone number for clients to access direction for emergency care. This access may be through an answering service, call forwarding, provider on-call coverage, or other appropriate methods. The coverage must ensure that the client need make no more than two phone calls to obtain directions for emergency care. If another provider is covering, the covering provider need not be enrolled as a PASSPORT provider, but must be a physician, mid-level practitioner, or registered nurse who is a Montana Medicaid provider.

In addition, PASSPORT providers are expected to provide education to their PASSPORT clients regarding appropriate/ inappropriate use of the Emergency Department. This education can be verbal or in writing. It is expected that this education will be provided once the provider is notified that the client has recently been to the ER for a non-emergent situation.

The Emergency Medical Treatment and Active Labor Act (EMTALA) requires hospitals that participate in Medicare to provide a medical screening examination to any person who comes to the emergency department. If the hospital determines that the person has an emergency medical condition, it must provide treatment to stabilize the condition or provide for an appropriate transfer to another facility. If following the evaluation, no emergency medical condition is present, the EMTALA statute imposes no further obligation. At this point for Medicaid to reimburse the claim, prior authorization from the PCP must be obtained. A list of PASSPORT authorization numbers cannot be maintained by the ER facility.

All providers who currently have an ER Waiver with a hospital will soon be sent individual letters requesting documentation on how they will provide coverage during normal business hours, absences due to illness or vacation, and how they will direct clients to get emergency care after regular business hours.

For a complete copy of the 24-Hour Coverage Policy, or for further information, please contact Maria Rogne at Montana Medicaid Provider Help Line at 1-800-480-6823, or Jackie Thiel at Montana Medicaid Managed Care at 406-444-1834.

Have you returned your PASSPORT To Health Provider Survey?

Provider Profiling

Medicaid Managed Care is beginning a provider profiling project. Provider profiling is a tool for our providers to use to assist in the management of their PASSPORT To Health clients. This project is in the initial stages and we want your ideas and assistance in developing it. Throughout the summer we will have a medical student who will be helping us with this project. She will be contacting some of our providers for their suggestions and assistance.

What is provider profiling?
Provider profiling is a tool that allows the Department of Public Health & Human Services (DPHHS) and the providers to more clearly see what services are being provided to our clients. We get to design the profile ourselves, using whatever measures we think are important to the PASSPORT To Health Program. The eventual product will include risk adjusted measures for a more true comparison from provider to provider. However, initially we will start with measures that are more strictly utilization and not comparative. Some examples of measures we might use:
Utilization measures (these measures would list the names, dates of service, diagnosis allowing the PCP to use this information in his/her management of the PASSPORT client):

- ER use
- EPSDT visits
- Hospitalizations
- Referrals to other providers

Risk adjusted measures (these measures would use diagnosis, co morbidity, clinical groupings, etc. to more accurately compare from provider to provider):

- Rate of ER usage
- Rate of Well Child visits
- Rate of hospitalization
- Disease management

Provider profiling will provide the PCP with information to manage their clients' care.

How will this be useful?
Provider profiling will provide you, the primary care provider, with information you can use to manage your clients' care. For example, you can use the listing of ER visits to educate your clients about the appropriate use of the ER or to address clinical concerns. You can use the EPSDT/Well Child information to send recall letters to clients who are in need of a Well Child Check Up. You can use the referral information to make sure that your clients are not getting services provided by someone else without your knowledge. The provider profile will be sent to each provider along with some comparative reports.

When will the provider profile be complete?
We will be initiating this project throughout the summer. Our goal is to include providers in the development of the profile. We will want your input on what measures you would like us to use, what information to include in the reports, and how we should use this information. We hope to have the first profile out to the providers before the end of this calendar year.

Some of you will be contacted by DPHHS to participate in this project. If you would like to be sure you are involved in the development of this project please contact Jackie Thiel at

PASSPORT Updates and Reminders

- **Important Changes to PASSPORT Requirements**
  Effective July 1, 2002 PASSPORT provider approval will no longer be required for cardiography and echocardiography. This change was made with input from the Peer Education and Review Committee and many of our providers.
- **Name Change**
  We will be phasing out the program name Montana Health Choices. Our official name is PASSPORT To Health. Medicaid Managed Care will continue to be an umbrella name for the Program. Both the provider and client help lines will be referred to as the Montana Medicaid Help Line.
- **Recording Referrals**
  Make sure you have in practice a process to record referrals given to Medicaid PASSPORT clients. All referrals should either be logged in the client's chart or in a referral log book.

Surveillance & Utilization Review

The Surveillance and Utilization Review Section (SURS) is mandated by CMS under CFR 456.3. The mission of SURS is to safeguard against inappropriate use of Medicaid services and excess payments. They are also charged with the assessment of the quality of those services.

The SURS unit is made up of three Program Officers, one Program Specialist, and seven Compliance Specialists. Two RNs look at specific cases prior to payment, determine medical necessity and give prior authorization approval. One Program Officer looks at the client's use of Medicaid services. If overuse or abuse is identified, the client can be restricted to one physician, one emergency room or one pharmacy. The Compliance Specialists looks at claims after they have been paid. This is called retrospective review.

The SURS unit has a large data warehouse which has 17 years of paid claims history. SURS extracts the paid claims information and is able to look for erroneous or fraudulent billing practices. A spreadsheet is done and the provider is asked to submit documentation for questionable items. If the provider is able to provide justification for the item, the line item is credited but if the line item has been billed improperly, the SURS unit will ask for repayment of that claim.

The SURS unit has fraud detection software in place to identify aberrant billing practices. SURS also receives referrals from family members, providers, other Medicaid clients, legislators, other Medicaid programs, case workers and from law enforcement agencies. SURS is mandated to investigate all referrals.

If you suspect a provider is not billing Medicaid properly, or if a client is abusing or misusing their Medicaid services, you can call the SURS unit. We appreciate these calls and certainly

Drug Preauthorization Program

As a provider, you may have prescribed a drug to a Medicaid client, and were then notified that the pharmacy could not fill the prescription because the drug needed prior authorization.

The Omnibus Budget Reconciliation Act (OBRA) of 1990 authorized state Medicaid programs to limit access to drugs if the state instituted a prior authorization system. Montana Medicaid contracts with the Mountain-Pacific Quality Health Foundation to administer its Outpatient Drug Prior Authorization Program. Medicaid prescribers and pharmacists are required to obtain prior authorization for selected drugs. The Prescription Drug Program Provider Manual contains a list of drugs requiring prior authorization. Providers may contact Provider Relations at 1-800-624-3958 for a copy of the manual.

The prescriber or pharmacy provider may submit requests for authorization by mail, telephone, or FAX to:

Drug Prior Authorization Unit
Mountain-Pacific Quality Health Foundation
3404 Cooney Drive
Helena, MT 59602
406-443-6002 or
1-800-395-7961 (phone)
406-443-4585 or
1-800-497-8235 (fax)

Medicaid clients are not given the Drug Prior Authorization phone number. In fact, providers should not instruct the client to receive prior authorization. The prescriber or pharmacist should contact the Prior Authorization Unit to request authorization.

Requests are reviewed by a pharmacist and/or pharmacy technician and approvals or denials will be made, in most cases, immediately. Decisions on requests requiring further peer review because of unusual or special circumstances will be made within 24-hours. Requests received after regular working hours of 8:00 am to 5:00 pm Monday through Friday, or on weekends or holidays will be considered to be received at the start of the next working day.

Providers should not instruct the client to receive prior authorization.

For any questions regarding the PASSPORT To Health Program, please call the Montana Medicaid Provider Help Line at 1-800-480-6823.

Educating Medicaid PASSPORT Clients

Educating Medicaid PASSPORT clients about managed health care is a key factor in making the PASSPORT To Health Program a success. Education and outreach efforts before, during, and after enrollment with a PASSPORT provider are aimed at giving clients an understanding of how to work within the PASSPORT To Health Program. Education and outreach efforts also increase the client's knowledge of preventive health care services available through Medicaid.

Educating Medicaid PASSPORT clients is a key factor in the success of the program.

MAXIMUS is contractually obligated to reach 100% of all new clients by mail and a minimum of 85% of all new clients by telephone. In order to do this, a Welcome Letter is sent to all new clients and a minimum of three outgoing phone call attempts are made to all clients with telephones. If the client does not respond to the initial Welcome Letter and is not reached by telephone, two additional letters are also sent to the client.

The goals of the outreach process are:

- to introduce each client to the PASSPORT To Health Program and to give them the information necessary to understand the importance of choosing a PASSPORT provider within a strict time frame;
- to give each client general information about Medicaid services available to them, including the benefits of preventive health care and well child exams, emergency care, and specialized services;
- to explain cost sharing responsibilities for clients age 18 and over, to explain the referral process, and the difference in FULL and BASIC Medicaid coverage, and how to read and understand the Medicaid card;
- to remind clients not to use the emergency room for routine care, to take their Medicaid card with them to all appointments; and
- to call the Montana Medicaid Help Line if they want to change PASSPORT providers or have any questions or concerns.

Once the client has enrolled with a PASSPORT provider, they are sent a PASSPORT To Health Client Handbook. This Handbook has been designed to be a beneficial long-term resource.

While we strive to reach the Medicaid PASSPORT clients, we are certain to miss some of them. If you are aware of a client that needs assistance in understanding the program, please refer them to the Montana Medicaid Help Line at

Adult Dental Program Changes

The following are proposed changes to the Adult Medicaid Dental Program. Adults receiving Medicaid benefits have either FULL or BASIC Medicaid. These proposed changes are expected to go into effect July 1, 2002.

Adult Dental Program Changes

- Medicaid will no longer pay for full coverage crowns, including all porcelain and gold crowns and bridges.

BASIC Medicaid Dental Coverage

- Only emergency dental services are covered, which includes treatment for pain.

Essentials for Employment Medicaid Dental Coverage

- Must obtain form FA-782 from the local Office of Public Assistance (OPA) and return to OPA completed and signed by a dentist.
- Medicaid may reimburse for LIMITED dental services for individuals when it is essential to obtaining or maintaining employment. Routine dental services: exam, x-ray and cleaning are not covered.

FULL Medicaid Dental Coverage

- Exams
- X-Rays
- Cleanings
- Fillings
- Extractions
- Stainless Steel Crowns
- Dentures (full, immediate, and partial) for adults age 21 and over.

There are age limits and service limits for Full Medicaid individuals.

Medicaid does not maintain a list of dentists who accept Medicaid. It is the responsibility of the